



REDACTED - FOR PUBLIC INSPECTON

June 23, 2017

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street. SW
Room TW-A325
Washington, DC 20554

Re: WC Docket No. 10-90, 11-42, 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's Rules, enclosed is a redacted version of the Form 481 of Ace Telephone Company of Michigan, Inc., Study Area Codes 310704, 310777, 310669, 310692. Ace Telephone Company of Michigan, Inc. is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. This filing contains public information.

A confidential "trade secret" filing pursuant to 47 C.F.R. §0.459 – Requests that materials or information submitted to the Commission be withheld from public inspection and pursuant to the Commission's March 22, 2016 DA 16-296 was also made under the Docket 10-90, 11-42 and 14.58.

Should you have any questions, please contact me via e-mail at csweet@acentek.net or by phone at 507/896-6211.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia Sweet".

Cynthia Sweet
Controller

Enclosures

FCC Form 481 - Carrier Annual Report
Data Collection Form**REDACTED - FOR PUBLIC INSPECTION**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
Form Type		54.313 and 54.422

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(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<300> Unfulfilled service request (voice)	<div>0</div>
<310> Detail on attempts (voice)	<div>Name of Attached Document</div>
<320> Unfulfilled service request (broadband)	<div>0</div>
<330> Detail on attempts (broadband)	<div>Name of Attached Document</div>

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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110794
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5178966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswet@acenetek.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	310704MI510 .pdf
<515>	Certify compliance with applicable minimum service standards	

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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL. OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078961211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centok.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310704MI610.pdf

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(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	J10704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL. CO. MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenterok.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310704MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310704MI1030.pdf

Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE T&L OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenterk.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; width: 100%; height: 100px; margin: 0 auto;"></div> <p style="margin: 0;">Name of Attached Document</p>
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<1220> Link to Public Website	HTTP <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

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(2005) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

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(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))

310704M13010.pdf

(3010B) Please Provide Attachment

Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

No - No New Community Anchors

(3012B) Please Provide Attachment

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☐ ☒

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

310704M13026.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<010> Program Year	2018
<010> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

<010>	Study Area Code	110704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL OF MICHIGAN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2017
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310704	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@aceatrk.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	316764
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

[illegible]

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(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenterk.net

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

FCC Form 481 - Carrier Annual Reporting Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
Form Type	54.313 and 54.422

Page 2

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accentek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)	Name of Attached Document
----------------------------------	---------------------------

<320> Unfulfilled service request (broadband)	0
---	---

<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110777
<015>	Study Area Name	Acn Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntrk.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swart
<035>	Contact Telephone Number - Number of person identified in data line <030>	57896211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswart@acnetek.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		310777MIS10.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standard	

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<010>	Study Area Code	310777
<015>	Study Area Name	Acad Telephone Co. of Mt. Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swant
<035>	Contact Telephone Number - Number of person identified in data line <030>	5075966233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswant@acacoink.net
<600>	Certify compliance regarding ability to function in emergency situations	YEB
<610>	Descriptive document for Functionality in Emergency Situations	310777MI610.pdf

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(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

[illegible]

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(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	31077
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecontek.net

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310777MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310777MI1030.pdf

Name of Attached Document

Page 11

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acaptel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒
- <1222> Details on the number of minutes provided as part of the plan,

☒
- <1223> Additional charges for toll calls, and rates for each such plan.

☒

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2024A>	Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 35px;"></div>
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.		Name of Attached Document Listing Required Information
<2025A>	Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).		Name of Attached Document Listing Required Information
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	

(2005) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))

(3010B) Please Provide Attachment

Name of Attached Document Listing Required
Information

310777MI3010.pdf

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

No - No New Community Anchors

(3012B) Please Provide Attachment

Name of Attached Document Listing Required
Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☐ ☒

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required
Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required
Information

310777MI3026.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<070> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Acn Telephone Co. of HI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acn.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Ace Telephone Co. of MI, Inc. (Old Mission)	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2017
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310777	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI. Inc. (Old Mission)
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

FCC Form 481 - Carrier Annual Reporting
Data Collection Form**REDACTED - FOR PUBLIC INSPECTION**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLendale TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
	Form Type	54.313 and 54.422

REDACTED - FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net
<300>	Unfulfilled service request (voice)	<div>0</div>
<310>	Detail on attempts (voice)	<div>Name of Attached Document</div>
<320>	Unfulfilled service request (broadband)	<div>0</div>
<330>	Detail on attempts (broadband)	<div>Name of Attached Document</div>

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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia #wee!
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cwee@centek.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	110669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	cawood@att.net
<500> Certify compliance with applicable service quality standards and consumer protection rules	Yes
	310669MI510 . pdf
<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515> Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLI@DIAL TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966213 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswent@centek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310669MI610.pdf

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(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acontek.net
<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

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REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310669MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310669MI1030.pdf

Name of Attached Document

Page 11

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2010
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A>	Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 200px; height: 40px;" type="text"/>
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 200px; height: 40px;" type="text"/>
<2025A>	Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	<input style="width: 200px; height: 40px;" type="text"/>
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALDE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

310669MI3010.pdf

(3010B) Please Provide Attachment

Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}

No - No New Community Anchors

(3012B) Please Provide Attachment

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☐ ☒

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

310669MI3026.pdf

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(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<070> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

Name of Attached Document Listing Required Information

Page 17

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	c@metracentek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ALLENDALE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2017
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310669	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

REDACTED - FOR PUBLIC INSPECTION

<p>(700) Price Offerings including Voice Rate Data Data Collection Form</p>	<p>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</p>
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<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLINDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<810>	Reporting Carrier	Acce Telephone Company of Michigan, Inc
<811>	Holding Company	Acce Telephone Association
<812>	Operating Company	Acce Telephone Company of Michigan, Inc

[illegible]

FCC Form 481 - Carrier Annual Report
Data Collection Form**REDACTED - FOR PUBLIC INSPECTION**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
	Form Type	54.313 and 54.422

REDACTED - FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cavent@centex.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTH TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<300> Unfulfilled service request (voice)	<div>0</div>
<310> Detail on attempts (voice)	<div>Name of Attached Document</div>
<320> Unfulfilled service request (broadband)	<div>0</div>
<330> Detail on attempts (broadband)	<div>Name of Attached Document</div>

REDACTED - FOR PUBLIC INSPECTION

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

REDACTED - FOR PUBLIC INSPECTION

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No.: 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	507896211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<500> Certify compliance with applicable service quality standards and consumer protection rules	Yes
	310692MI510 . pdf
<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515> Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRB/THE TBI, CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966213 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@cent.ak.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310692MI610.pdf

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[illegible]

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<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHES TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

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REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenter.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTH TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements

Select Yes or No or Not Applicable

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Page 11

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310692MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310692MI1030.pdf

Name of Attached Document

Page 11

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTH TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<2024A>	Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 200px; height: 40px;"></div>
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2025A>	Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 200px; height: 40px;"></div>
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).		
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTH TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

310692MI3010.pdf

(3010B) Please Provide Attachment

Name of Attached Document Listing Required
Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

No - No New Community Anchors

(3012B) Please Provide Attachment

Name of Attached Document Listing Required
Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☐ ☒

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required
Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required
Information

310692MI3026.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: DRENTHE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2017
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310692	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTH TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@contactek.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntel.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

REDACTED - FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

Study Area Code: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line 510

Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier in Michigan, Ace Telephone Company of Michigan, Inc. (Carrier) is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act and all MPSC Guidelines and Rules promulgated or adopted there under. Carrier has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier hereby certifies that it is complying with all applicable and effective Michigan Public Service Commission and FCC consumer protection rules and service quality standards; which include MPSC Customer Migration Rules, Anti-Slamming Rules, Red Flag Rules and CPNI. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules, a copy of the manual has been previously submitted to the MPSC. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule and other applicable requirements governing the protection of customers' privacy.

REDACTED - FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.
SAC: 310704, 310777, 310669 and 310692
State: Michigan
Form 481 Line 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Company of Michigan, Inc. (Carrier) hereby certifies that it is able to function in emergency situations through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve in its central office and in electronic equipment sites, which enables it to provide service for a minimum of 8 hours. Carrier's service is consistent with requirements of the Michigan Telecommunications Act Section 2305c and the obligations to provide service in emergency situations as set forth in the Code of Federal Regulations, Title 47 § 54.202(a)(2). The Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

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Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line Number 1010

Descriptive document for Voices Services Rate Comparability

The Wireline Competition Bureau's most recent reasonable comparability benchmark for fixed voice services is \$49.51, which includes the federal subscriber line charge ("SLC").

In all exchanges served by Ace Telephone Company of Michigan, Inc., the single line residential local service rate including any mandatory extended area service charge, federal SLC, and any applicable state fees is less than \$49.51.

Ace Telephone Company of Michigan, Inc. certifies the pricing of its basic residential voice services is below the benchmark of \$49.51.

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Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line Number 1030

Descriptive document for Broadband Service Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Services.

“To facilitate benchmark calculations, the Bureau will post an Excel file and online tool in which providers can plug the relevant variables to determine the benchmark for specific service characteristics at <http://www.fcc.gov/encyclopedia/urban-rate-survey-data>.”

Ace Telephone Company of Michigan, Inc. certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

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Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Line 1210 Terms and Condition for Voice Lifeline Plans

Lifeline Assistance Program

Financial assistance through the Lifeline program is available to help eligible customers afford and maintain basic telephone or broadband internet service. Lifeline participation enables customers to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a Federal and Michigan program that assists customers by providing a monthly credit up to \$11.25 on their voice service or \$9.25 on their internet service. Seniors aged 65 and older can receive additional discounts.

Lifeline benefits are limited to one wireline, internet or wireless phone per qualified household. Households eligible for or already receiving Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, the National School Lunch Program, Veteran's Pension and Survivors Benefit may qualify. Consumers may also qualify based on their income level.

All Lifeline subscribers must meet the terms and conditions of the Lifeline Eligibility Rules. Ace Telephone Company of Michigan, Inc. local telephone service provided is described on our website. The calling area is described in the MPSC No.1 tariff. The number of local minutes provided is unlimited. Toll calls are billed at the carriers' standard rates.

On the following pages is the information regarding low-income assistance that is found on Company's website www.acentek.net.

The Lifeline application form is available on the Company's website or will be mailed upon request.

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Ace Telephone Company of Michigan, Inc.
Tariff M.P. S.C. No. 1 (R)

8th Revised Sheet No. 15
Cancels 7th Revised Sheet No. 15

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing rates and charges for residential telephone service.
2. In order to be eligible for Lifeline a residential customer's annual household income must be at or below 150% of the poverty level as determined by the United States Department of Health and Human Services and as approved by the State Treasurer, or the person must participate in one of the following programs:
 - a. Medicaid
 - b. Supplemental Nutrition Assistance Program (SNAP) – Food Stamps
 - c. Supplemental Security Income (SSI)
 - d. Federal Public Housing Assistance/Section 8
 - e. Low Income Home Energy Assistance Program (LIHEAP)
 - f. National School Lunch Program's free lunch program
 - g. Temporary Assistance for Needy Families (TANF) a/k/a Family Independence Program
3. Lifeline includes the services and functionalities enumerated in by the FCC, as follows: voice grade access to the public switched network or its functional equivalent; minutes of use for local service provided at no additional charge to end users; access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems; and toll limitation services.
4. Other services can be provided with Lifeline at applicable rates and charges.
5. Proof of eligibility will be required for all initial Lifeline applicants and all Lifeline recipients will be required to re-certify every year.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline.
2. Lifeline is available only with residence services, excluding foreign exchange service. Lifeline is limited to a single subscription per household where household is defined to be any individual or group of individuals who are living together at the same address as one economic unit. For the purposes of this rule, an economic unit consists of all adult individuals contributing to and sharing in the income and expenses of a household.
3. A miscellaneous service charge does not apply when Lifeline is added or discontinued to existing service when that is the only work being done.
4. The Lifeline plan will apply after receipt and processing of a completed Lifeline application, including documentation indicating that the household income meets the eligibility standards established above.
5. Customers of Lifeline must notify the Company of any changes which would affect qualification. Recertification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount will be discontinued and regular tariff rates and charges will apply.
6. As a participant in Lifeline, customers are eligible to receive toll blocking service at no charge. This service will only be provided at the customer's request. Toll blocking service is defined as a central office service that restricts access to the network. Toll blocking is provided where facilities permit and will not allow 1+, 0+, 0-, 101XXXX, 900, or interzone calls to be completed. Toll blocking does not restrict local calls, calls to intraNPA directory assistance, telephone repair service, 911, or calls to 800 or 950 numbers.
7. Local service deposit requirements will be waived for customers who voluntarily receive Toll Blocking Service.
8. Participants in Lifeline shall not be disconnected from local service for nonpayments of toll charges. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline and have previously been disconnected for nonpayment of toll charges.

Issued: June 30, 2014

Effective: July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-896-3111, miinfo@acegroup.cc

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Ace Telephone Company of Michigan, Inc.
Tariff M.P.S.C. No. 1 (R)

3rd Revised Sheet No. 15.1
Cancels 2nd Revised Sheet No. 15.1

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

C. MONTHLY RATES AND DISCOUNTS FOR LIFELINE CUSTOMERS

1. The discount on the monthly rate for residential exchange service for qualified Lifeline customers shall be \$9.25 from the Federal discount program plus \$2.00 from the State discount program for a total discount of \$11.25. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end user common line charge and the basic local exchange rate. The discount on the monthly rate for residential exchange service for qualified Lifeline customers 65 years of age or more shall be \$9.25 from the Federal discount program plus \$3.10 from the State discount program for a total discount of \$12.35. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end-user common line charge and the basic local exchange rate.

D. MONTHLY RATE FOR NON LIFELINE CUSTOMERS

A rate specified in MECA's Tariff M.P.S.C. No. 25 Part XVII. General applies per exchange access line to cover the costs of the Lifeline service, to the Telephone Company intrastate services as listed below:

- Business and Residence exchange services excluding Lifeline customers.
- PBX Trunk Services
- Centrex Services

The rate for business Centrex station lines will be computed based on the trunk Equivalence Table specified in the Company's Tariff M.P.S.C. No. 2.

Issued: June 30, 2014

Effective: July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-896-3111, miinfo@acegroup.cc



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LIFELINE

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Low-Income Telephone Assistance Plans

Residential

Voice

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Local Service

Services Provided

Long Distance

AcenTek provides single-party residential services. This includes access to:

Internet

1. voice grade to the public switched network,

Video

2. local usage,

AcenTek Assurance

3. dual tone, multi-frequency signaling or its functional equivalent,

4. single-party service or its functional equivalent,

Business

5. emergency services,

6. operator services,

Customer Support

7. inter-exchange service,

8. directory assistance, and

9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 150% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here to download the two-page certification form \(PDF\).](#) Call Customer Service for more information.

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LOW-INCOME INTERNET ASSISTANCE PLANS

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Low-income Internet Assistance Plans

Residential

Voice

Internet

Mesh

Alteon

Video

AcenTek Assurance

Business

Customer Support

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly Internet service.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. The subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Supplement Nutrition Assistance Program (SNAP)
- Income below 150% of the Federal Poverty Guidelines
- Medicaid
- Supplemental Security Income (SSI)
- Veteran's Pension Survivors Benefit

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one account. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here to download the two-page certification form \(PDF\).](#) Call Customer Service for more information.

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Michigan Lifeline Administration Service

IMPORTANT INFORMATION

Please Review Before Submitting Application

For questions, please call 1-866-321-2323.

PROGRAM QUALIFICATION AND APPLICABLE DISCOUNTS

The Federal Communications Commission (FCC) made changes to Lifeline regulations that went into effect on December 2, 2016. As a result, customers may qualify for full or reduced benefits. The table below applies to customer who enroll in the Lifeline program after December 2, 2016 and to currently enrolled customers on their service initiation date when the FCC's "rolling recertification" process begins on July 1, 2017.

Program Participation	Federal/State Discount	MPSC Discount	Total Discount
Federal Public Housing Assistance	\$9.25	\$2.00 ^a	\$11.25 ^a
Medicaid	\$9.25	\$2.00 ^a	\$11.25 ^a
Supplemental Nutrition Assistance Program	\$9.25	\$2.00 ^a	\$11.25 ^a
Supplemental Security Income	\$9.25	\$2.00 ^a	\$11.25 ^a
Low-Income Home Energy Assistance Program	\$9.25 ^b	\$2.00 ^a	\$11.25 ^a
National School Lunch Program	\$9.25 ^b	\$2.00 ^a	\$11.25 ^a
Temporary Assistance for Needy Families	\$9.25 ^b	\$2.00 ^a	\$11.25 ^a
Veteran's Pension Program	\$9.25	\$0	\$9.25
Veteran's Survivor's Pension Program	\$9.25	\$0	\$9.25

^a Qualifying customers age 65 and over receive additional \$1.10 per month discount.

^b Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.

INCOME INFORMATION AND GUIDELINES

Customers that don't participate in any of the programs listed above can still qualify for discounts if their annual household income is at certain thresholds set by the federal and state governments. The tables below provide applicable discount amounts and current guidelines.

Income Level	Federal/State Discount	MPSC Discount	Total Discount
Annual Income At or Below 150% of Poverty Level	\$9.25	\$2.00 ^a	\$11.25 ^a

^a Qualifying customers age 65 and over receive additional \$1.10 per month discount.

^b Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.

Number in Household	150% of Federal Poverty Level
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
For each additional household member add	\$6,270

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BROADBAND AND VOICE SERVICES QUALIFY FOR DISCOUNTS

Federal Lifeline Benefits are now available for qualifying broadband as well as voice services.

Broadband Service: Federal discounts are only available on certain services. State discounts do not apply.

- Broadband speeds must be 10 Mbps download and 1 Mbps upload or faster to qualify.
- Lifeline discounts on broadband include a transfer restriction (port freeze) for 12 months. This means that once Lifeline broadband discounts begin on your service you will be unable to obtain a Lifeline discount with another provider for 12 months if you switch your service. If you already have a Lifeline broadband discount with another provider, you cannot get a Lifeline discount from a new provider until 12 months after your current broadband Lifeline discounts began.

Voice Service and Bundled Voice-Broadband Service: Federal and state discounts are available to qualified participants.

- Lifeline discounts on voice include a transfer restriction (port freeze) for 60 days. This means you are unable to obtain the Lifeline discount on service with another provider for 60 days from the date that your current voice service Lifeline discounts began.
- If you purchase a bundle of voice and qualifying broadband, the federal discount will be applied to your qualifying bundle, and the 12-month benefit transfer restriction will apply. State discounts will apply to your voice services only.
- If you purchase voice service and a non-qualifying broadband service, you will receive both state and federal Lifeline discounts on your voice service.
- Certain exceptions to the transfer restrictions apply. See www.usac.org/ls/change-my-company.aspx for more information.

General Condition Applicable to All Services:

- Total Lifeline discounts cannot exceed the price of service.

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

AcenTek	Deerfield Farmers' Telephone Co.	Southwest Michigan Communications
Allband Communications Coop.	Hiawatha Telephone Co.	Springport Telephone Co.
Baraga Telephone Co.	Kaleva Telephone Co.	TDS Telecom
Barry County Telephone Co.	Lennon Telephone Co.	Thumb Cellular
Blanchard Telephone Co.	Michigan Central Broadband Co.	Upper Peninsula Telephone Co.
Bloomington Communications	Midway Telephone Co.	Waldron Telephone Co.
Carr Telephone Co.	Ogden Communications	Westphalia Broadband, Inc.
CenturyLink	Ontonagon County Telephone Co.	Westphalia Telephone Co.
Chapin Telephone Co.	Pigeon Telephone Co.	Winn Telecom
Climax Telephone Co.	Sand Creek Telephone Co.	Winn Telephone Co.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

LEGAL REQUIREMENTS

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU APPLY:

- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- The applicant must meet either income-based or program-based eligibility.
- Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- The applicants understands that if they are currently receiving Lifeline benefits from another carrier, by submitting this application, they agree to discontinue receiving another carrier's benefit and receive their one Lifeline benefit through the submission of this company's application.
- The applicant agrees to notify their telephone company within 30 days if s/he no longer meets the income-based or program-based eligibility criteria for receiving Lifeline support, if a household is receiving more than one Lifeline benefit, or another member of the household is receiving a Lifeline benefit, and may be subjected to penalties upon failure to do so.
- The applicant will notify their telephone company within 30 days of any changes to residential address.
- The applicant may be required to recertify their continued eligibility in the Lifeline program at any time and understands that failure to do so will result in termination of participation in the program.
- The applicant consents to Lifeline Administration Service providing their Lifeline service account information, including but not limited to, the applicant's name, residential address, phone number, date of birth, last 4 digits of social security number, the date on which Lifeline service was initiated/terminated, amount of Lifeline support provided, and the means of eligibility criteria through which the applicant qualified, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database (NLAD) to ensure the proper administration of the Lifeline program. The applicant understands that failure to do so will result in rejection of request for Lifeline services.
- The applicant understands that once s/he signs up for discounts with one provider, s/he cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 12 months.

REVISED 4/2017

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Michigan Lifeline Administration Service

LIFELINE APPLICATION

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service, PO Box 11037, Lansing, Michigan 48901 or fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:		Name of phone company:	
Date of Birth:		Last 4-digits of Social Security Number:	
Last Name:	First Name:	M.I.:	
Street:			
You must provide a residential street address. Per FCC regulations, it cannot be a P.O. Box.			
City:		State:	ZIP:
This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/> This is a rural address with no postal route: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address, City, State and Zip Code (if different from Service Address)			
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.			YES <input type="checkbox"/> NO <input type="checkbox"/>
The service I subscribe to is: <input type="checkbox"/> Voice Only <input type="checkbox"/> Broadband Only <input type="checkbox"/> Both Voice and Broadband			

PROGRAM QUALIFICATION DETERMINATION

To be eligible for Lifeline discounts, regulations require you to be participating in one of the assistance programs listed below or to have an annual income that meets certain thresholds. Please complete Step 1 and Step 2 below.

Step 1. Indicate if you, or the member of your household named below, receives assistance from one of the listed programs. Include documentation of participation in the checked program with your completed application.

Name of person enrolled in program:

<input type="checkbox"/> Federal Public Housing Assistance	<input type="checkbox"/> Veteran's Survivor Pension Benefits
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Low-Income Home Energy Assistance Program
<input type="checkbox"/> Supplemental Nutrition Assistance Program	<input type="checkbox"/> National School Lunch Program
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Temporary Assistance for Needy Families
<input type="checkbox"/> Veteran's Pension Benefits	

Step 2. If you do not participate in any of the programs listed in Step 1, you may still qualify for a discount based on annual household income. Complete this section by providing the information requested below. Include photocopies that document total gross household income based on one of the listed methods and include a completed Lifeline Household Worksheet.

TOTAL MONTHLY GROSS INCOME: \$	NUMBER OF HOUSEHOLD MEMBERS:
<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Gross Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

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APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- ____ I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- ____ I certify that I meet either the income-based eligibility criteria in Step 1 or the program-based eligibility criteria in Step 2 above.
- ____ Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- ____ Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and can result in fines, imprisonment, de-enrollment or being barred from the program.
- ____ Lifeline support is only available for a single phone line at my principal residence and I certify to the best of my knowledge that no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- ____ Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- ____ I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- ____ I will notify my telephone company within 30 days if I no longer meet the income-based or program-based eligibility criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or another member of my family is receiving a Lifeline benefit, and I may be subject to penalties if I fail to do so.
- ____ I will notify my telephone company within 30 days of any changes to my residential address.
- ____ I may be required to certify my continued eligibility for Lifeline at any time and I know failure to do so will result in termination of my participation in the program.
- ____ I understand that once I sign up for discounts with one provider, I cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, I cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, I cannot move benefits to another provider for 12 months.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 4/2017

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Michigan Lifeline Administration Service Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. Only one Lifeline Program-supported service per household is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you **DO NOT** share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, **AND ONLY THAT PERSON** will fill out the form **IN FULL** and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the **PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED** a household worksheet to their service provider, then **NO FURTHER ACTION IS NECESSARY**. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will **NO LONGER** have a Lifeline Program benefit.

Name _____ Telephone Number _____

Address _____

Street	Apt.	City	State	Zip
--------	------	------	-------	-----

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1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?

_____ No. Please answer question 2 below.

_____ Yes. If YOU are the person who will keep the Lifeline benefit, check **OPTION B** at the bottom and sign this Form. If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

_____ No. Please check **OPTION A** below and SIGN THIS FORM.

_____ YES. Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

_____ No. Please check **OPTION C** below and SIGN THIS FORM.

_____ Yes. If YOU are the person who will keep the Lifeline Program benefit, check **OPTION B** at the bottom and sign this form. If you are not keeping your Lifeline benefit, **DO NOT** submit this form.

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature_____ Date_____

Please return the signed form to [Insert Company Name] at [address, email, fax]

REDACTED - FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc
Study Area Code: 310704, 310777, 310669, 310692
State: Michigan
Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Association hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream is reasonable, the company offers broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream.

REDACTED - FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310704, 310777, 310669, 310692

State: Michigan

Form 481 Line No. 3026 - Rate of Return Financial Data

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